Under the Paperwork Redu	ction Act of 19	195 no persons are required to	U.S. Patent a			gh 09/30/2010. OMB 0651-0032 EPARTMENT OF COMMERCE	
Effe		espond to a collection of information unlies; it displays a valid OMB control number  Complete If Known					
Fees pursuent to the Consolideted Appropriations Act, 2005 (H.R. 4818).			Application Numl		10/531,763		
FEE TRANSMITTAL			Filing Date		July 27, 2006		
For FY 2009		First Named Inve		Susan D. Strothers			
			Examiner Name	100			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		Jason Berman		
TOTAL AMOUNT OF PAYMENT (\$) 0.00					1795 H0004599.69957 US -4015		
		., 0.00	Attomey Docket	No. THU	004599.6995	7 US -4015	
METHOD OF PAYMEN	IT (check a	all that apply)					
Check Credit	Card	Money Order No	ne Other (ple	osco idantif	ia.		
Deposit Account	Denosit Acco		-				
		it account, the Director is he	Deposit Acc	ount Name:	buchaiter r	vemer	
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				fee(s) indi	cated below, ex	xcept for the filing fee	
✓ Charge any under 37 CF	additional fe R 1 16 and	e(s) or underpayments of f	ee(s) ✓ Credit a	ny overpa	yments		
WARNING: Information on th	Is form may i	become public. Credit card in	formation should not	be include	d on this form. F	Provide credit card	
nformation and authorization	1 on P   O-203	38.					
I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
	Small Entity Small Entity					Small Entity	
Application Type	Fee (\$)	Fee (\$) Fee (		Fee (\$)	Fee (\$)	Fees Pald (\$)	
Utility	330	165 540	270	220	110		
Design	220	110 100	50	140	70		
Plant	220	110 330	165	170	85		
Reissue	330	165 540	270	650	325		
Provisional	220	110 0	0	0	0		
2. EXCESS CLAIM FE	ES				Ů	Small Entity	
Fee Description Feech claim over 20 (including Painway)					Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)					52 220	26	
Multiple dependent claims					390	110 195	
			e Pald (\$)			ependent Claims	
- 20 or HP =		x =			Fee (\$)	Fee Paid (\$)	
HP = highest number of tota Indep. Claims							
- 3 or HP =	Extra Clai	ms Fee (\$) Fee	Pald (\$)				
HP = highest number of inde	pendent claim						
<ul> <li>APPLICATION SIZE</li> <li>If the specification and</li> </ul>	FEE drawings	exceed 100 sheets of pa	ner (excluding ele	etronicall	ly filed seaner	nce or computer	
listings under 37 C	FR 1.52(e)	), the application size fe	e due is \$270 (\$13	5 for sma	all entity) for	each additional 50	
sheets or fraction th <u>Total Sheets</u> 	ereof. Sec Extra She	35 U.S.C. 41(a)(1)(G)	and 37 CFR 1.16( h additional 50 or f (round up to a who	s). raction th	ereof Fee		
OTHER FEE(S) Non-English Specific	cation, \$1	130 fee (no small entity	. ,		, ^	Fees Paid (\$)	

Other (e.g., late filing surcharge):

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a borneli by the public which is to file (and by the USFFO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is elemented to this 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFFO. Then will vary depending the element of the united to the amount of the your require to complete this form ander suggestions for enduring this burder, should be sent to the Chief Information Officer U.S. Patient and Trademank Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Platents, P.O. Box 1450, Alexandris, VA 22313-1450.